

# Emergency Contact Sheet

**FOR EMERGENCY SERVICES: DIAL 911**

## EMERGENCY NUMBERS

Poison Control Center: 1-800-222-1222

Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

## FAMILY CONTACT NUMBERS

Mom's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Kid's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Kid's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Kid's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_



### Home Information:

Address: \_\_\_\_\_ Home #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact 1:

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact 2:

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_